

B1 (Official Form 1)(04/13)

United States Bankruptcy Court District of New Jersey		Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Aaron Medical Transportation, Inc.		Name of Joint Debtor (Spouse) (Last, First, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): DBA Aaron Ambulance		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) 22-3836593		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)	
Street Address of Debtor (No. and Street, City, and State): 1200 Wall Street West Lyndhurst, NJ		Street Address of Joint Debtor (No. and Street, City, and State):	
ZIP Code 07071		ZIP Code	
County of Residence or of the Principal Place of Business: Bergen		County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):	
ZIP Code		ZIP Code	
Location of Principal Assets of Business Debtor (if different from street address above):			
Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000			
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Aaron Medical Transportation, Inc.

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X

Signature of Attorney for Debtor(s)

(Date)

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Aaron Medical Transportation, Inc.

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X /s/ Roger B. Radol, Esq.
Signature of Attorney for Debtor(s)

Roger B. Radol, Esq. 7815
Printed Name of Attorney for Debtor(s)

Roger B. Radol, Esq.
Firm Name
15 Engle Street
Suite 102
Englewood, NJ 07631

Address

Email: radolbankruptcy@gmail.com
(201) 567-6557 Fax: (201) 567-6335

Telephone Number

May 13, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Joseph V. Thomas
Signature of Authorized Individual

Joseph V. Thomas

Printed Name of Authorized Individual

President

Title of Authorized Individual

May 13, 2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

United States Bankruptcy Court
District of New Jersey

In re Aaron Medical Transportation, Inc.

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>7,500.00</u>
Prior to the filing of this statement I have received	\$	<u>7,500.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
- Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.***

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: May 13, 2015

/s/ Roger B. Radol, Esq.
Roger B. Radol, Esq. 7815
Roger B. Radol, Esq.
15 Engle Street
Suite 102
Englewood, NJ 07631
(201) 567-6557 Fax: (201) 567-6335
radolbankruptcy@gmail.com

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Chase Bank Checking Account	-	27,672.34
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security deposit with landlord	-	23,000.00
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **50,672.34**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Various Healthcare facilities accounts receivable	-	39,545.00
		Bills for private patients	-	50,379.00
		Bills for co-payments owed	-	138,980.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **228,904.00**
(Total of this page)

Sheet **1** of **3** continuation sheets attached
to the Schedule of Personal Property

In re ***Aaron Medical Transportation, Inc.***

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2005 Mercury Grand Marquis (127,489 miles)	-	2,525.00
		2008 Ford E-350 Type II Ambulance (121,742 miles)	-	Unknown
		2008 Ford E-350 Type II Ambulance (115,406 miles)	-	Unknown
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Refer to attached Exhibit A	-	Unknown
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

Sub-Total > **2,525.00**
(Total of this page)

Sheet **2** of **3** continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Aaron Medical Transportation, Inc.**,

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **0.00**
(Total of this page)
Total > **282,101.34**

(Report also on Summary of Schedules)

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)								
Total (Report on Summary of Schedules)							0.00	0.00

0 continuation sheets attached

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☒ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Creditor #: 1 Abdelillah Baalla 327 Northfield Ave West Orange, NJ 07052	-		Employee wages				1,272.00	0.00 1,272.00
Account No. Creditor #: 2 Adrien Castro 334 East 26th Street Paterson, NJ 07504	-		Employee wages				1,433.75	0.00 1,433.75
Account No. Creditor #: 3 Alexander Balbin 72 Marchal Avenue Paterson, NJ 07522	-		Employee wages				70.00	0.00 70.00
Account No. Creditor #: 4 Amara Kamara 419 New York Ave Lyndhurst, NJ 07071	-		Employee wages				941.25	0.00 941.25
Account No. Creditor #: 5 Anjali Patel 26 Sieber Court Bergenfield, NJ 07621	-		Employee wages				201.50	0.00 201.50
Subtotal (Total of this page)							3,918.50	0.00 3,918.50

Sheet 1 of 25 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Creditor #: 6 Anllie Diaz 144 Columbia Ave Passaic, NJ 07055		-	Employee wages				121.88	0.00 121.88
Account No. Creditor #: 7 Anthony Rivezzi 39 Wadsworth Street Wallington, NJ 07057		-	Employee wages				410.00	0.00 410.00
Account No. Creditor #: 8 Antonio Cervas 270 Linden Place New Milford, NJ 07646		-	Employee wages				32.50	0.00 32.50
Account No. Creditor #: 9 Ashley Arb 58 Rutherford Place North Arlington, NJ 07031		-	Employee wages				42.25	0.00 42.25
Account No. Creditor #: 10 Brian Soto 16 Manito Ave Lake Hiawatha, NJ 07034		-	Employee wages				1,238.78	0.00 1,238.78
Subtotal (Total of this page)							1,845.41	0.00 1,845.41

Sheet **2** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No. Creditor #: 11 Cameron Johnson 203 N Park Street East Orange, NJ 07017				Employee wages					0.00
		-						978.00	978.00
Account No. Creditor #: 12 Carlos A. Laborde 36 Harding Ave North Arlington, NJ 07031				Employee wages					0.00
		-						585.00	585.00
Account No. Creditor #: 13 Charles Pichardo 54 Home Place Lodi, NJ 07644				Employee wages					0.00
		-						131.88	131.88
Account No. Creditor #: 14 Christian Carrion 437 Cleveland Ave Harrison, NJ 07029				Employee wages					0.00
		-						1,300.00	1,300.00
Account No. Creditor #: 15 Christian Galdamez 215 Duncan Ave Jersey City, NJ 07306				Employee wages					0.00
		-						756.00	756.00
Subtotal									0.00
(Total of this page)								3,750.88	3,750.88

Sheet **3** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Creditor #: 16 Christine Angera 6 Mapleshade Road Hewitt, NJ 07421		-	Employee wages				3,600.00	0.00 3,600.00
Account No. Creditor #: 17 Christopher Fernandez 26 Grove Street Little Ferry, NJ 07643		-	Employee wages				832.50	0.00 832.50
Account No. Creditor #: 18 Christopher Morgan 75 Chestnut Street North Arlington, NJ 07031		-	Employee wages				1,308.25	0.00 1,308.25
Account No. Creditor #: 19 Claribel Martinez 89 Randolph Ave Clifton, NJ 07011		-	Employee wages				786.38	0.00 786.38
Account No. Creditor #: 20 Cody Preuss 447 Third Street Carlstadt, NJ 07072		-	Employee wages				1,065.38	0.00 1,065.38
Subtotal (Total of this page)							7,592.51	0.00 7,592.51

Sheet **4** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					AMOUNT ENTITLED TO PRIORITY
Account No. Creditor #: 21 Craig Norton 20 Lexington Ave Wallington, NJ 07057		-	Employee wages				1,603.88	0.00 1,603.88
Account No. Creditor #: 22 Dan Smith 14 Rutgers Place Clifton, NJ 07013		-	Employee wages				617.50	0.00 617.50
Account No. Creditor #: 23 Daniel Roncal 2 Fitzgerald Ave Clifton, NJ 07013		-	Employee wages				1,254.50	0.00 1,254.50
Account No. Creditor #: 24 David Bentele 60 Crystal Street North Arlington, NJ 07031		-	Employee wages				2,700.00	0.00 2,700.00
Account No. Creditor #: 25 Dia Ibrahim 442 North 8th Street Fairview, NJ 07022		-	Employee wages				773.00	0.00 773.00
Subtotal								0.00
(Total of this page)							6,948.88	6,948.88

Sheet **5** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Sheet **5** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wages					
Creditor #: 26 Duban Moreno 440 Liberty Street Little Ferry, NJ 07643		-					0.00	
						1,320.00		1,320.00
Account No.			Employee wages					
Creditor #: 27 Edward Ferrell 145 Crooks Ave Clifton, NJ 07011		-					0.00	
						1,049.69		1,049.69
Account No.			Employee wages					
Creditor #: 28 Ehimar Chanza 88 Bell Street Orange, NJ 07050		-					0.00	
						1,170.75		1,170.75
Account No.			Employee wages					
Creditor #: 29 Emari Huger 646 Magnolia Ave Elizabethport, NJ 07206		-					0.00	
						1,127.25		1,127.25
Account No.			Employee wages					
Creditor #: 30 Erik Galdamez 215 Duncan Ave Jersey City, NJ 07306		-					0.00	
						1,325.00		1,325.00
Subtotal								0.00
(Total of this page)							5,992.69	5,992.69

Sheet **6** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Creditor #: 31 Francisco Medina 315 44st Street Union City, NJ 07087		-	Employee wages				760.81	0.00 760.81
Account No. Creditor #: 32 Gabriel Hernandez 5824 Meadowview Ave North Bergen, NJ 07047		-	Employee wages				1,143.75	0.00 1,143.75
Account No. Creditor #: 33 Glenn Wiley 167 Luddington Ave Clifton, NJ 07011		-	Employee wages				840.38	0.00 840.38
Account No. Creditor #: 34 Gregory Sharofsky 333 Cierra Vista Lane Valley Cottage, NY 10989		-	Employee wages				725.60	0.00 725.60
Account No. Creditor #: 35 Harry Nikolopoulos 81 Jackson Ave Rutherford, NJ 07070		-	Employee wages				598.50	0.00 598.50
Subtotal (Total of this page)							4,069.04	0.00 4,069.04

Sheet **7** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

TYPE OF PRIORITY

Sheet 8 of 25 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wages					
Creditor #: 41 Jared Tyler 144 Fairmount Ave Hackensack, NJ 07601		-						0.00
							893.38	893.38
Account No.			Employee wages					
Creditor #: 42 Jason Montoya 305 Palisades Ave Cliffside Park, NJ 07010		-						0.00
							817.50	817.50
Account No.			Employee wages					
Creditor #: 43 Jason Silva 170 Forest Street Kearny, NJ 07032		-						0.00
							1,085.00	1,085.00
Account No.			Employee wages					
Creditor #: 44 Jeremy Gagne 438 9th Street Carlstadt, NJ 07072		-						0.00
							1,174.50	1,174.50
Account No.			Employee wages					
Creditor #: 45 Jewel Asuncion 69 Garcia Drive Jersey City, NJ 07305		-						0.00
							1,414.13	1,414.13
Subtotal								0.00
(Total of this page)							5,384.51	5,384.51

Sheet **9** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
Creditor #: 46 John Defedele 178 Speidel Ave Elmwood Park, NJ 07407		-	Employee wages					
							982.50	0.00
								982.50
Account No.								
Creditor #: 47 John Heitmuller 76 Gold Street North Arlington, NJ 07031		-	Employee wages					
							486.38	0.00
								486.38
Account No.								
Creditor #: 48 John Parisik 127 Catalpa Avenue Hackensack, NJ 07601		-	Employee wages					
							618.75	0.00
								618.75
Account No.								
Creditor #: 49 John Paulino 55 Calicooncek Road South Hackensack, NJ 07606		-	Employee wages					
							846.75	0.00
								846.75
Account No.								
Creditor #: 50 Jonathan Santos 31 Pine Passaic, NJ 07055		-	Employee wages					
							371.63	0.00
								371.63
Subtotal								0.00
(Total of this page)							3,306.01	3,306.01

Sheet **10** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wages					
Creditor #: 51 Jose Moronta 23 Newman St Hackensack, NJ 07601		-						0.00
						311.06		311.06
Account No.			Employee wages					
Creditor #: 52 Jose Saboya 234 Harrison Ave Lodi, NJ 07644		-						0.00
						845.00		845.00
Account No.			Employee wages					
Creditor #: 53 Joseph Robie 43 East Passaic Ave Rutherford, NJ 07070		-						0.00
						1,124.63		1,124.63
Account No.			Employee wages					
Creditor #: 54 Josue Gonzales 906 Kennedy Blvd Union City, NJ 07087		-						0.00
						920.50		920.50
Account No.			Employee wages					
Creditor #: 55 Julio Pintado 223 Palisade Ave 3rd Fl Cliffside Park, NJ 07010		-						0.00
						1,624.00		1,624.00
Subtotal								0.00
(Total of this page)							4,825.19	4,825.19

Sheet **11** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Creditor #: 56 Justin Lovecchio 285 Phillips Ave South Hackensack, NJ 07606	-		Employee wages					0.00
							1,121.88	1,121.88
Account No. Creditor #: 57 Kelly Gill 20 Canterbury Ave North Arlington, NJ 07031	-		Employee wages					0.00
							220.00	220.00
Account No. Creditor #: 58 Kevin Davila 1517 41st North Bergen, NJ 07047	-		Employee wages					0.00
							658.13	658.13
Account No. Creditor #: 59 Kevin Hood 99-02 212 St Queens Village, NY 11428	-		Employee wages					0.00
							1,025.50	1,025.50
Account No. Creditor #: 60 Lambe Duracoski 99 Pacific Ave Garfield, NJ 07026	-		Employee wages					0.00
							1,393.88	1,393.88
Subtotal								0.00
(Total of this page)							4,419.39	4,419.39

Sheet **12** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Creditor #: 61 Landi Lopez 371 3rd Street Clifton, NJ 07011		-	Employee wages				1,330.00	0.00 1,330.00
Account No. Creditor #: 62 Laurence Schraiber 27 Livingston Ave Kearny, NJ 07032		-	Employee wages				114.75	0.00 114.75
Account No. Creditor #: 63 Linnette Castillo 24 Highland Ave Newark, NJ 07104		-	Employee wages				68.50	0.00 68.50
Account No. Creditor #: 64 Luis Beingolea 20 Van Winkle Ave Passaic, NJ 07055		-	Employee wages				775.50	0.00 775.50
Account No. Creditor #: 65 Luis Mitma 611 Liberty Ave North Bergen, NJ 07047		-	Employee wages				45.50	0.00 45.50
Subtotal (Total of this page)							2,334.25	0.00 2,334.25

Sheet **13** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wages					
Creditor #: 66 Luis Villanueva 15 Spencer Pl Garfield, NJ 07026		-						0.00
							1,173.75	1,173.75
Account No.			Employee wages					
Creditor #: 67 Mansoor Khan 140 W Englewood Ave Teaneck, NJ 07666		-						0.00
							1,169.88	1,169.88
Account No.			Employee wages					
Creditor #: 68 Marek Czarnecki 14 Pine Street Elmwood Park, NJ 07407		-						0.00
							1,559.25	1,559.25
Account No.			Employee wages					
Creditor #: 69 Marie O'Donnell 363 Forest Drive Wallington, NJ 07057		-						0.00
							200.00	200.00
Account No.			Employee wages					
Creditor #: 70 Mario Vdovjak 262 Hayward Place Wallington, NJ 07057		-						0.00
							867.75	867.75
Subtotal								0.00
(Total of this page)							4,970.63	4,970.63

Sheet **14** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wages					
Creditor #: 71 Marisa Mucka 336 Harrison Ave Lodi, NJ 07644		-						0.00
						918.00		918.00
Account No.			Employee wages					
Creditor #: 72 Mary Kubler 181 Poor Street Hackensack, NJ 07601		-						0.00
						365.63		365.63
Account No.			Employee wages					
Creditor #: 73 Matthew Carnevale 367 Central Ave East Rutherford, NJ 07073		-						0.00
						875.00		875.00
Account No.			Employee wages					
Creditor #: 74 Melissa Kipri 100 Hillcrest Ave Woodland, NJ 07424		-						0.00
						634.50		634.50
Account No.			Employee wages					
Creditor #: 75 Melissa McKlernan 14 Bridge Street Suffern, NY 10901		-						0.00
						320.00		320.00
Subtotal								0.00
(Total of this page)							3,113.13	3,113.13

Sheet **15** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Creditor #: 76 Michael Perez 3-26 31 Street Fair Lawn, NJ 07410		-	Employee wages					0.00
							605.75	605.75
Account No. Creditor #: 77 Michael Riabov 57 North Ave Montvale, NJ 07645		-	Employee wages					0.75
							269.75	269.00
Account No. Creditor #: 78 Michael Sabonjian 10 Pawn Place Hillsdale, NJ 07642		-	Employee wages					0.00
							91.13	91.13
Account No. Creditor #: 79 Michelle Connor 218 Rutherford Pl North Arlington, NJ 07031		-	Employee wages					0.00
							941.63	941.63
Account No. Creditor #: 80 Michelle Monsalve 208 Maple Street Kearny, NJ 07032		-	Employee wages					0.00
							81.00	81.00
Subtotal								0.75
(Total of this page)							1,989.26	1,988.51

Sheet **16** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wages					
Creditor #: 81 Miguel Figueroa 540 Monroe St Carlstadt, NJ 07072		-						0.00
							200.50	200.50
Account No.			Employee wages					
Creditor #: 82 Mohammed Azeez 233 Haledon Ave Paterson, NJ 07522		-						0.00
							905.50	905.50
Account No.			Employee wages					
Creditor #: 83 Niccolo Yakovlevich 170 Academy Street B-13 Jersey City, NJ 07306		-						0.00
							373.49	373.49
Account No.			Employee wages					
Creditor #: 84 Paolo Guirnalda 275 Lembeck Ave Jersey City, NJ 07305		-						0.00
							1,069.88	1,069.88
Account No.			Employee wages					
Creditor #: 85 Pawel Trzeciak 284 Harrison Ave Lodi, NJ 07644		-						0.00
							236.25	236.25
Subtotal								0.00
(Total of this page)							2,785.62	2,785.62

Sheet **17** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wages					
Creditor #: 86 Peter Shimmel 607 Ramapo Ave Cliffside Park, NJ 07010		-					1,089.00	0.00
							1,089.00	1,089.00
Account No.			Employee wages					
Creditor #: 87 Peterson Cadeau 134 Gregory Ave West Orange, NJ 07052		-					452.81	0.00
							452.81	452.81
Account No.			Employee wages					
Creditor #: 88 Rafael Cuya 473 Terrace Ave Hasbrouck Heights, NJ 07604		-					1,039.50	0.00
							1,039.50	1,039.50
Account No.			Employee wages					
Creditor #: 89 Raidy Garcia 166 Hudson Street Hackensack, NJ 07601		-					770.25	0.00
							770.25	770.25
Account No.			Employee wages					
Creditor #: 90 Ramon Tiburcio 10 Lehigh Street Hackensack, NJ 07601		-					526.50	0.00
							526.50	526.50
Subtotal								0.00
(Total of this page)							3,878.06	3,878.06

Sheet **18** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wages					
Creditor #: 91 Rana Khalid 55 Belgrove Drive Kearny, NJ 07032		-						0.00
							556.88	556.88
Account No.			Employee wages					
Creditor #: 92 Rana U Khalid 55 Belgrove Drive Kearny, NJ 07032		-						0.00
							385.88	385.88
Account No.			Employee wages					
Creditor #: 93 Rashda Bibi 111 Burns Ave Lodi, NJ 07644		-						0.00
							982.13	982.13
Account No.			Employee wages					
Creditor #: 94 Ricky Jewell 169 Macarther Ave Garfield, NJ 07026		-						0.00
							240.00	240.00
Account No.			Employee wages					
Creditor #: 95 Robert Callwood 1771 Watson Ave Bronx, NY 10472		-						0.00
							988.50	988.50
Subtotal								0.00
(Total of this page)							3,153.39	3,153.39

Sheet **19** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wages					
Creditor #: 96 Robert Kippel 360 Buffalo Ave Paterson, NJ 07503		-						0.00
							319.92	319.92
Account No.			Employee wages					
Creditor #: 97 Rosalind Cruz 614 Ridgedale Ave East Hanover, NJ 07939		-						0.00
							270.00	270.00
Account No.			Employee wages					
Creditor #: 98 Roy Rivadeneira 388 Buffalo Avenue Paterson, NJ 07503		-						0.00
							1,017.88	1,017.88
Account No.			Employee wages					
Creditor #: 99 Ryan Shiwbaran 360 Ege Avenue Jersey City, NJ 07304		-						0.00
							425.00	425.00
Account No.			Employee wages					
Creditor #: 100 Salvatore Sperandeo 14 Eckhardt Terr North Arlington, NJ 07031		-						0.00
							1,202.50	1,202.50
Subtotal								0.00
(Total of this page)							3,235.30	3,235.30

Sheet 20 of 25 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Creditor #: 101 Sarina Torres 5701 Park Ave West New York, NJ 07093		-	Employee wages				26.88	0.00 26.88
Account No. Creditor #: 102 Savannah Brown 363 Muhammed Ali Ave Newark, NJ 07108		-	Employee wages				261.50	0.00 261.50
Account No. Creditor #: 103 Sean Mangin 11 E Hunter Ave Maywood, NJ 07607		-	Employee wages				737.50	0.00 737.50
Account No. Creditor #: 104 Sean Sullivan 240 North Prospect Ave Bergenfield, NJ 07621		-	Employee wages				1,427.50	0.00 1,427.50
Account No. Creditor #: 105 State of New Jersey Dept. of Labor and Workforce Development PO Box 389 Trenton, NJ 08625-0389		-	Unpaid wages				Unknown	Unknown 0.00
Subtotal (Total of this page)							2,453.38	0.00 2,453.38

Sheet **21** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Creditor #: 106 Stephanie Cornejo 423-5th Street Union City, NJ 07087		-	Employee wages					0.00
							313.88	313.88
Account No. Creditor #: 107 Stephanie Dojer 28 Albert Ave Fair Lawn, NJ 07410		-	Employee wages					0.00
							246.00	246.00
Account No. Creditor #: 108 Stephen Kovalcik 27 Degraw Avenue Clifton, NJ 07013		-	Employee wages					0.00
							1,504.50	1,504.50
Account No. Creditor #: 109 Stephenson Ulysee 9 Washington Street East Orange, NJ 07017		-	Employee wages					0.00
							654.75	654.75
Account No. Creditor #: 110 Steven Alba 421 W Anderson Street Hackensack, NJ 07601		-	Employee wages					0.00
							2,450.00	2,450.00
Subtotal (Total of this page)							5,169.13	0.00 5,169.13

Sheet **22** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wages					
Creditor #: 111 Suzanne Abuhadba 693 Mountain Ave Wyckoff, NJ 07481		-						0.00
						1,184.63		1,184.63
Account No.			Employee wages					
Creditor #: 112 Suzanne Wilson 201 Eagle Street North Arlington, NJ 07031		-						0.00
						1,193.50		1,193.50
Account No.			Employee wages					
Creditor #: 113 Thomas Huges 1 Antrim Road Montvale, NJ 07645		-						0.00
						984.38		984.38
Account No.			Employee wages					
Creditor #: 114 Valeria Trujillo 352 Aycigg Ave Passaic, NJ 07055		-						0.00
						1,046.50		1,046.50
Account No.			Employee wages					
Creditor #: 115 Valerie Baier 113 Elizabeth Street Garfield, NJ 07026		-						0.00
						835.88		835.88
Subtotal								0.00
(Total of this page)							5,244.89	5,244.89

Sheet **23** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wages					
Creditor #: 116 Wendell Batista 80 Oray Street Bogota, NJ 07603		-						0.00
							780.50	780.50
Account No.			Employee wages					
Creditor #: 117 William Tyrell 57 Lunn Ave Bergenfield, NJ 07621		-						0.00
							1,117.13	1,117.13
Account No.			Employee wages					
Creditor #: 118 Yahir Zuniga 245 Paulison Avenue Passaic, NJ 07055		-						0.00
							903.50	903.50
Account No.								
Account No.								
Subtotal								0.00
(Total of this page)							2,801.13	2,801.13

Sheet **24** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Taxes for periods 2006-2015					
Creditor #: 119 Internal Revenue Service 1 Kalisa Way Paramus, NJ 07652-3516		-					1,526,994.13	
							1,526,994.13	0.00
Account No.			Taxes for periods 2006-2015					
Creditor #: 120 State of New Jersey Division of Taxation 50 Barrack St Trenton, NJ 08608		-					516,245.42	
							516,245.42	0.00
Account No.								
Account No.								
Account No.								

Sheet **25** of **25** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

Total

(Report on Summary of Schedules)

2,043,239.55	2,043,239.55	0.00
2,139,969.23	2,043,240.30	96,728.93

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. Creditor #: 1 1200 Wall Street West Holding, LLC/ONYX 900 Rt. 9 North Suite 400 Woodbridge, NJ 07095		-	Past 3 months Rent				36,000.00
Account No. Jay I. Lazerowitz, Esq. 55 Harristown Road Suite 203 Glen Rock, NJ 07452			Representing: 1200 Wall Street West Holding, LLC/ONYX				Notice Only
Account No. Creditor #: 2 Albert F.A. Carilli, Esq. 75 Summit Ave., 2nd Fl. Hackensack, NJ 07601		-	Gisel Rodriguez law suit plaintiff attorney (notice purpose)				0.00
Account No. Creditor #: 3 American Driving Records, Inc. P.O. Box 1970 Rancho Cordova, CA 95741		-	Business debt				75.00
Subtotal (Total of this page)							36,075.00

8 continuation sheets attached

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 4 American Graphics, Inc. 39-26 Broadway Fair Lawn, NJ 07410	-	Business debt				3,049.00
Account No. Creditor #: 5 Backstreet Collision, Inc. 150 Gregg Street Lodi, NJ 07644	-	Business debt				9,500.00
Account No. Creditor #: 6 Bound Tree Medical, LLC 23537 Network Place Chicago, IL 60673-1235	-	Business debt				2,500.00
Account No. Creditor #: 7 Cillick & Smith 25 Main Street, Suite 202 Court Plaza North Hackensack, NJ 07601	-	Gisel Rodriguez law suit attorney				Unknown
Account No. Creditor #: 8 Daniel Kochu Koshy 1 Coyne Court Bergenfield, NJ 07621	-	Notice purpose				0.00
Sheet no. <u>1</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 15,049.00

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 9 Delta/D&H Gas 284 South Summit Ave Hackensack, NJ 07601	-	Business debt				850.00
Account No. Creditor #: 10 Emsar Equipment Maintenance, Inc P.O. Box 10120 Trenton, NJ 08650	-	Business debt				457.00
Account No. Creditor #: 11 Exxon Gas Rt. 17 South Rutherford, NJ 07070	-	Business debt				2,105.00
Account No. Creditor #: 12 Fleet Wash, Inc P.O. Box 36014 Newark, NJ 07188-6014	-	Business debt				1,700.00
Account No. Creditor #: 13 Franks Truck Center, Inc 325 Orient Way Lyndhurst, NJ 07071	-	Business debt				120.00
Sheet no. <u>2</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 5,232.00

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Creditor #: 14 Glenwood Furniture, Inc 561 US Hwy 22 Hillside, NJ 07205		-	Business debt				4,800.00
Account No. Creditor #: 15 Hackensack Univ. Medical Center Occupational Medicine 30 Essex St Hackensack, NJ 07601		-	Business debt				6,500.00
Account No. Creditor #: 16 Harris Uniforms, Inc 259 Main Street Hackensack, NJ 07601		-	Business debt				4,200.00
Account No. Creditor #: 17 I.D.M. Medical Gas Company 620 Graen Ave Wyckoff, NJ 07481		-	Business debt				4,200.00
Account No. Creditor #: 18 Iken Media/Printing Company 491-A Washington Ave Carlstadt, NJ 07072		-	Business debt				2,919.00
Sheet no. <u>3</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							22,619.00

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 19 Intek Leasing, Inc. 152 Eagle Rock Road Roseland, NJ 07068	-	Auto lease return				Unknown
Account No. Creditor #: 20 IPFS Corporation 30 Montgomery St Suite 1000 Jersey City, NJ 07302	-	Business debt				54,948.00
Account No. Creditor #: 21 Lakeland Bank c/o LeClairRyan, P.C. 1037 Raymond Blvd 16th Fl Newark, NJ 07102	-	Judgment Lien				594,418.21
Account No. Creditor #: 22 Liberty Mutual Insurance Co. 175 Berkeley Street Boston, MA 02116	-	Business debt				350,000.00
Account No. Creditor #: 23 Lytix, Inc 9785 Towne Centre San Diego, CA 92121	-	Business debt				10,178.00
Sheet no. <u>4</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,009,544.21

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Creditor #: 24 Main Lock Shop, Inc 762 Main Street Hackensack, NJ 07601		-	Business debt				268.00
Account No. Creditor #: 25 Marshall Dennehey/Hiscox 5 Concourse Parkway Suite 2150 Atlanta, GA 30328		-	Business debt				8,500.00
Account No. Creditor #: 26 MedPro Service, Inc 95 Hoffman Lane Islandia, NY 11749		-	Business debt				14,500.00
Account No. Creditor #: 27 Monmouth Telecom, Inc P.O. Box 8656 Red Bank, NJ 07701		-	Business debt				2,237.00
Account No. Creditor #: 28 National Pen Company, Inc P.O. box 189 Shelbyville, TN 37160		-	Business debt				2,184.95
Sheet no. <u>5</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							27,689.95

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.		-	Business debt				240.00
Creditor #: 29 Occuscreen, Inc 4020 Lake Washington Blvd Kirkland, WA 98033-7862							
Account No.		-	Business debt				2,221.00
Creditor #: 30 PSE&G P.O. Box 14444 New Brunswick, NJ 08906-4444							
Account No.		-	Business debt				1,270.00
Creditor #: 31 Quest Diagnosis, Inc P.O. Box 740709 Atlanta, GA 30374-0709							
Account No.		-	Business debt				4,800.00
Creditor #: 32 Repeater Network, LLC 58 North Harrison Ave Congers, NY 10920							
Account No.		-	Notice purpose				0.00
Creditor #: 33 Sigy Jacob 8 Brook End Drive West Orange, NJ 07052							
Subtotal (Total of this page)							8,531.00

Sheet no. 6 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Creditor #: 34 Spectrico, Inc 720 Brooker Creek Blvd Oldsmar, FL 34677	-	Business debt				220.00
Account No. Creditor #: 35 Stanley John 140 Mayhill Street Saddle Brook, NJ 07663	-	Emergency loan due to Auto Insurance reinstatement and employee payroll				17,600.00
Account No. Creditor #: 36 Thomas John 28 Zuegel Court Bergenfield, NJ 07621	-	Notice purpose				0.00
Account No. Creditor #: 37 Thomas Varghese 2211 Seward Ave Bronx, NY 10473	-	Notice purpose				0.00
Account No. Creditor #: 38 V.E. Ralph & Son, Inc P.O. Box 633 Kearny, NJ 07032	-	Business debt				2,214.00
Sheet no. <u>7</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 20,034.00

In re **Aaron Medical Transportation, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 39 Vehicle Tracking Solutions, Inc 152 Veteran's Memorial Hwy Commack, NY 11725	-	Business debt				3,218.00
Account No. Creditor #: 40 W.B. Mason, Inc 50 Centre Street Brockton, MA 02301-4014	-	Business debt				1,123.00
Account No. Creditor #: 41 XDS Xerographic Doc Solutions P.O. Box 128 Allentown, PA 18103	-	Business debt				224.00
Account No. Creditor #: 42 Zetta, Inc 1362 Borregas Ave Sunnyvale, CA 94089	-	Business debt				1,135.00
Account No.						
Sheet no. <u>8</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 5,700.00
(Report on Summary of Schedules)						Total 1,150,474.16

In re **Aaron Medical Transportation, Inc.**,

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Konica Minolta, Inc 55 Lane Road Fairfield, NJ 07004	Copy machine lease (60% on lease paid off)

In re **Aaron Medical Transportation, Inc.**,
Debtor

Case No. _____

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

United States Bankruptcy Court
District of New Jersey

In re **Aaron Medical Transportation, Inc.**,
Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	282,101.34		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	26		2,139,969.23	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	9		1,150,474.16	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		43			
Total Assets			282,101.34		
Total Liabilities				3,290,443.39	

United States Bankruptcy Court
District of New Jersey

In re **Aaron Medical Transportation, Inc.**,
Debtor

Case No. _____

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
District of New JerseyIn re **Aaron Medical Transportation, Inc.**

Debtor(s)

Case No.

Chapter

7**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **45** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **May 13, 2015**Signature **/s/ Joseph V. Thomas****Joseph V. Thomas**
President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
District of New Jersey

In re **Aaron Medical Transportation, Inc.**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None



State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
\$60,646.00

SOURCE
2013: Debtor Business Income

2. Income other than from employment or operation of business

None



State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

B7 (Official Form 7) (04/13)

2

3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
None <input type="checkbox"/> b. <i>Debtor whose debts are not primarily consumer debts:</i> List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
Stanley John 140 Mayhill Street Saddle Brook, NJ 07663	3/26/2015 4/02/2015 4/07/2015	\$93,000.00	\$17,600.00
Thomas Varghese 2211 Seward Ave Bronx, NY 10473	4/02/2015	\$20,000.00	\$0.00
Sigy Jacob 8 Brook End Drive West Orange, NJ 07052	3/26/2015	\$10,000.00	\$0.00
Daniel Kochu Koshy 1 Coyne Court Bergenfield, NJ 07621	3/30/2015 4/02/2015	\$18,000.00	\$0.00
Thomas John 28 Zuegel Court Bergenfield, NJ 07621	3/30/2015	\$5,000.00	\$0.00

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
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* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

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CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Lakeland Bank, A State Banking Corporation v. Aaron Medical Transportation, Inc. Docket #: C24414	Civil	Bergen County	Judgment
1200 Wall Street West Holdings, LLC v. Aaron Medical Transportation, Inc. L-3552-15	Civil	Bergen County	Summons and Complaint
Giselle Rodriguez vs. Joseph Thomas, Aaron Medical Transportation, Inc.	Civil	Bergen County	Summons and Complaint
State of New Jersey vs. Aaron Medical Transportation	Subpoena	State of NJ Department of Labor and Workforce Development Division of Wage and Hour Compliance	Conference

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Internal Revenue Service Robyn V Scherzer 1 Kalisa Way Paramus, NJ 07652-3516	2/25/2015 to 3/4/2015	Horizon Blue Cross & Blue Shield payments levy by IRS Amount unknown
Internal Revenue Service Robyn V Scherzer 1 Kalisa Way Paramus, NJ 07652-3516	2/11/2015 to 2/24/2015	Horizon Blue Cross & Blue Shield payments levy by IRS Amount \$14,912.46
Internal Revenue Service Robyn V Scherzer 1 Kalisa Way Paramus, NJ 07652-3516	2/11/2015 to 3/4/2015	Medicare/Novitas payment levy by IRS Amount \$101,679.97
Internal Revenue Service Robyn V Scherzer 1 Kalisa Way Paramus, NJ 07652-3516	3/2/2015	Chase Bank Account levy by IRS Amount \$38,120.87

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Intek Leasing, Inc. 152 Eagle Rock Road Roseland, NJ 07068	03/27/2015	Eigthy(80) autos leased returned

B7 (Official Form 7) (04/13)

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6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Roger B. Radol, Esq. 15 Engle Street Suite 102 Englewood, NJ 07631	April 16, 2015	\$7,500.00 in legal fees plus filing fee and cost.

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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B7 (Official Form 7) (04/13)

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- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

B7 (Official Form 7) (04/13)

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17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Aaron Medical Transportation, Inc.	22-3836593	1200 Wall Street Lyndhurst, NJ 07071	Ambulance	January 19, 2005 to March 26, 2015

- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

B7 (Official Form 7) (04/13)

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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

Joseph V. Thomas
324 West Clinton Ave
Bergenfield, NJ 07621

DATES SERVICES RENDERED

The president of Aaron Medical Transportation, Joseph V. Thomas has handled all financial matters regarding the business.

- None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

- None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS

21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

Joseph V. Thomas
324 West Clinton Ave
Bergenfield, NJ 07621

NATURE OF INTEREST

President

PERCENTAGE OF INTEREST

100% ownership

B7 (Official Form 7) (04/13)

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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	--

22. Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

- None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date May 13, 2015

Signature /s/ Joseph V. Thomas
Joseph V. Thomas
President

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court
District of New Jersey**

In re **Aaron Medical Transportation, Inc.**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 13, 2015**

/s/ Joseph V. Thomas

Joseph V. Thomas/President

Signer/Title

1200 Wall Street West Holding, LLC/ONYX
900 Rt. 9 North
Suite 400
Woodbridge, NJ 07095

Abdelillah Baalla
327 Northfield Ave
West Orange, NJ 07052

Adrien Castro
334 East 26th Street
Paterson, NJ 07504

Albert F.A. Carilli, Esq.
75 Summit Ave., 2nd Fl.
Hackensack, NJ 07601

Alexander Balbin
72 Marchal Avenue
Paterson, NJ 07522

Amara Kamara
419 New York Ave
Lyndhurst, NJ 07071

American Driving Records, Inc.
P.O. Box 1970
Rancho Cordova, CA 95741

American Graphics, Inc.
39-26 Broadway
Fair Lawn, NJ 07410

Anjali Patel
26 Sieber Court
Bergenfield, NJ 07621

Anllie Diaz
144 Columbia Ave
Passaic, NJ 07055

Anthony Rivezzi
39 Wadsworth Street
Wallington, NJ 07057

Antonio Cervas
270 Linden Place
New Milford, NJ 07646

Ashley Arb
58 Rutherford Place
North Arlington, NJ 07031

Backstreet Collision, Inc.
150 Gregg Street
Lodi, NJ 07644

Bound Tree Medical, LLC
23537 Network Place
Chicago, IL 60673-1235

Brian Soto
16 Manito Ave
Lake Hiawatha, NJ 07034

Cameron Johnson
203 N Park Street
East Orange, NJ 07017

Carlos A. Laborde
36 Harding Ave
North Arlington, NJ 07031

Charles Pichardo
54 Home Place
Lodi, NJ 07644

Christian Carrion
437 Cleveland Ave
Harrison, NJ 07029

Christian Galdamez
215 Duncan Ave
Jersey City, NJ 07306

Christine Angera
6 Mapleshade Road
Hewitt, NJ 07421

Christopher Fernandez
26 Grove Street
Little Ferry, NJ 07643

Christopher Morgan
75 Chestnut Street
North Arlington, NJ 07031

Cillick & Smith
25 Main Street, Suite 202
Court Plaza North
Hackensack, NJ 07601

Claribel Martinez
89 Randolph Ave
Clifton, NJ 07011

Cody Preuss
447 Third Street
Carlstadt, NJ 07072

Craig Norton
20 Lexington Ave
Wallington, NJ 07057

Dan Smith
14 Rutgers Place
Clifton, NJ 07013

Daniel Kochu Koshy
1 Coyne Court
Bergenfield, NJ 07621

Daniel Roncal
2 Fitzgerald Ave
Clifton, NJ 07013

David Bentele
60 Crystal Street
North Arlington, NJ 07031

Delta/D&H Gas
284 South Summit Ave
Hackensack, NJ 07601

Dia Ibrahim
442 North 8th Street
Fairview, NJ 07022

Duban Moreno
440 Liberty Street
Little Ferry, NJ 07643

Edward Ferrell
145 Crooks Ave
Clifton, NJ 07011

Ehimar Chanza
88 Bell Street
Orange, NJ 07050

Emari Huger
646 Magnolia Ave
Elizabethport, NJ 07206

Emsar Equipment Maintenance, Inc
P.O. Box 10120
Trenton, NJ 08650

Erik Galdamez
215 Duncan Ave
Jersey City, NJ 07306

Exxon Gas
Rt. 17 South
Rutherford, NJ 07070

Fleet Wash, Inc
P.O. Box 36014
Newark, NJ 07188-6014

Francisco Medina
315 44st Street
Union City, NJ 07087

Franks Truck Center, Inc
325 Orient Way
Lyndhurst, NJ 07071

Gabriel Hernandez
5824 Meadowview Ave
North Bergen, NJ 07047

Glenn Wiley
167 Luddington Ave
Clifton, NJ 07011

Glenwood Furniture, Inc
561 US Hwy 22
Hillside, NJ 07205

Gregory Sharofsky
333 Cierra Vista Lane
Valley Cottage, NY 10989

Hackensack Univ. Medical Center
Occupational Medicine
30 Essex St
Hackensack, NJ 07601

Harris Uniforms, Inc
259 Main Street
Hackensack, NJ 07601

Harry Nikolopoulos
81 Jackson Ave
Rutherford, NJ 07070

Humair Ahmed
156 Stonehurt Drive
Tenafly, NJ 07670

I.D.M. Medical Gas Company
620 Graen Ave
Wyckoff, NJ 07481

Iken Media/Printing Company
491-A Washington Ave
Carlstadt, NJ 07072

Intek Leasing, Inc.
152 Eagle Rock Road
Roseland, NJ 07068

Internal Revenue Service
1 Kalisa Way
Paramus, NJ 07652-3516

IPFS Corporation
30 Montgomery St
Suite 1000
Jersey City, NJ 07302

Irving Vargas
893 Van Houten Ave
Clifton, NJ 07013

Jackie Esmez
81 Jackson Ave
Rutherford, NJ 07070

James Martin
137 Park Place
Bogota, NJ 07603

James Polanco
55 Chestnut Street
Paterson, NJ 07501

Jared Tyler
144 Fairmount Ave
Hackensack, NJ 07601

Jason Montoya
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Cliffside Park, NJ 07010

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69 Garcia Drive
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Elmwood Park, NJ 07407

John Heitmuller
76 Gold Street
North Arlington, NJ 07031

John Parisik
127 Catalpa Avenue
Hackensack, NJ 07601

John Paulino
55 Calicooncek Road
South Hackensack, NJ 07606

Jonathan Santos
31 Pine
Passaic, NJ 07055

Jose Moronta
23 Newman St
Hackensack, NJ 07601

Jose Saboya
234 Harrison Ave
Lodi, NJ 07644

Joseph Robie
43 East Passaic Ave
Rutherford, NJ 07070

Josue Gonzales
906 Kennedy Blvd
Union City, NJ 07087

Julio Pintado
223 Palisade Ave 3rd Fl
Cliffside Park, NJ 07010

Justin Lovecchio
285 Phillips Ave
South Hackensack, NJ 07606

Kelly Gill
20 Canterbury Ave
North Arlington, NJ 07031

Kevin Davila
1517 41st
North Bergen, NJ 07047

Kevin Hood
99-02 212 St
Queens Village, NY 11428

Konica Minolta, Inc
55 Lane Road
Fairfield, NJ 07004

Lakeland Bank
c/o LeClairRyan, P.C.
1037 Raymond Blvd 16th Fl
Newark, NJ 07102

Lambe Duracoski
99 Pacific Ave
Garfield, NJ 07026

Landi Lopez
371 3rd Street
Clifton, NJ 07011

Laurence Schraiber
27 Livingston Ave
Kearny, NJ 07032

Liberty Mutual Insurance Co.
175 Berkeley Street
Boston, MA 02116

Linnette Castillo
24 Highland Ave
Newark, NJ 07104

Luis Beingolea
20 Van Winkle Ave
Passaic, NJ 07055

Luis Mitma
611 Liberty Ave
North Bergen, NJ 07047

Luis Villanueva
15 Spencer Pl
Garfield, NJ 07026

Lytix, Inc
9785 Towne Centre
San Diego, CA 92121

Main Lock Shop, Inc
762 Main Street
Hackensack, NJ 07601

Mansoor Khan
140 W Englewood Ave
Teaneck, NJ 07666

Marek Czarnecki
14 Pine Street
Elmwood Park, NJ 07407

Marie O'Donnell
363 Forest Drive
Wallington, NJ 07057

Mario Vdovjak
262 Hayward Place
Wallington, NJ 07057

Marisa Mucka
336 Harrison Ave
Lodi, NJ 07644

Marshall Dennehey/Hiscox
5 Concourse Parkway
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Atlanta, GA 30328

Mary Kubler
181 Poor Street
Hackensack, NJ 07601

Matthew Carnevale
367 Central Ave
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95 Hoffman Lane
Islandia, NY 11749

Melissa Kipri
100 Hillcrest Ave
Woodland, NJ 07424

Melissa McKlernan
14 Bridge Street
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3-26 31 Street
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Michael Sabonjian
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Michelle Monsalve
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Kearny, NJ 07032

Miguel Figueroa
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Carlstadt, NJ 07072

Mohammed Azeez
233 Haledon Ave
Paterson, NJ 07522

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P.O. Box 8656
Red Bank, NJ 07701

National Pen Company, Inc
P.O. box 189
Shelbyville, TN 37160

Niccolo Yakovlevich
170 Academy Street B-13
Jersey City, NJ 07306

Occuscreen, Inc
4020 Lake Washington Blvd
Kirkland, WA 98033-7862

Paolo Guirnalda
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Pawel Trzeciak
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Peterson Cadeau
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PSE&G
P.O. Box 14444
New Brunswick, NJ 08906-4444

Quest Diagnosis, Inc
P.O. Box 740709
Atlanta, GA 30374-0709

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Hasbrouck Heights, NJ 07604

Raidy Garcia
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Ramon Tiburcio
10 Lehigh Street
Hackensack, NJ 07601

Rana Khalid
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Kearny, NJ 07032

Rana U Khalid
55 Belgrove Drive
Kearny, NJ 07032

Rashda Bibi
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Lodi, NJ 07644

Repeater Network, LLC
58 North Harrison Ave
Congers, NY 10920

Ricky Jewell
169 Macarther Ave
Garfield, NJ 07026

Robert Callwood
1771 Watson Ave
Bronx, NY 10472

Robert Kippel
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Paterson, NJ 07503

Rosalind Cruz
614 Ridgedale Ave
East Hanover, NJ 07939

Roy Rivadeneira
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Paterson, NJ 07503

Ryan Shiwbaran
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North Arlington, NJ 07031

Sarina Torres
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West New York, NJ 07093

Savannah Brown
363 Muhammed Ali Ave
Newark, NJ 07108

Sean Mangin
11 E Hunter Ave
Maywood, NJ 07607

Sean Sullivan
240 North Prospect Ave
Bergenfield, NJ 07621

Sigy Jacob
8 Brook End Drive
West Orange, NJ 07052

Spectrico, Inc
720 Brooker Creek Blvd
Oldsmar, FL 34677

Stanley John
140 Mayhill Street
Saddle Brook, NJ 07663

State of New Jersey
Dept. of Labor and Workforce Development
PO Box 389
Trenton, NJ 08625-0389

State of New Jersey
Division of Taxation
50 Barrack St
Trenton, NJ 08608

Stephanie Cornejo
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Union City, NJ 07087

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Fair Lawn, NJ 07410

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Stephenson Ulysee
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East Orange, NJ 07017

Steven Alba
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Hackensack, NJ 07601

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Wyckoff, NJ 07481

Suzanne Wilson
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North Arlington, NJ 07031

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Montvale, NJ 07645

Thomas John
28 Zuegel Court
Bergenfield, NJ 07621

Thomas Mackin
515 Wills Road
Landing, NJ 07850

Thomas Varghese
2211 Seward Ave
Bronx, NY 10473

V.E. Ralph & Son, Inc
P.O. Box 633
Kearny, NJ 07032

Valeria Trujillo
352 Aycigg Ave
Passaic, NJ 07055

Valerie Baier
113 Elizabeth Street
Garfield, NJ 07026

Vehicle Tracking Solutions, Inc
152 Veteran's Memorial Hwy
Commack, NY 11725

W.B. Mason, Inc
50 Centre Street
Brockton, MA 02301-4014

Wendell Batista
80 Oray Street
Bogota, NJ 07603

William Tyrell
57 Lunn Ave
Bergenfield, NJ 07621

XDS Xerographic Doc Solutions
P.O. Box 128
Allentown, PA 18103

Yahir Zuniga
245 Paulison Avenue
Passaic, NJ 07055

Zetta, Inc
1362 Borregas Ave
Sunnyvale, CA 94089

**United States Bankruptcy Court
District of New Jersey**

In re **Aaron Medical Transportation, Inc.**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Aaron Medical Transportation, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

May 13, 2015

Date

/s/ Roger B. Radol, Esq.

Roger B. Radol, Esq. 7815

Signature of Attorney or Litigant

Counsel for **Aaron Medical Transportation, Inc.**

Roger B. Radol, Esq.

15 Engle Street

Suite 102

Englewood, NJ 07631

(201) 567-6557 Fax:(201) 567-6335

radolbankruptcy@gmail.com

Aaron Medical Transportation, Inc.

LIST OF ASSETS:

Business Shut-down on 03/26/2015

Description of Asset	Qty.	Status
Metal Racks, for document storage; with 4 shelves	17	At business location, Lyndhurst
Work table (in Crew waiting room)	1	
Chairs, used by Crews "in crew waiting room)	7	
Small Cart "on wheels"	1	
Paper towel Dispenser "in kitchen"	1	
Soap Dispenser "in kitchen"	1	
Toaster Oven "in kitchen"	1	
Microwave "Samsung" "in kitchen"	1	
Refrigerator "medium size" (with freezer)	1	
Back up batteries	4	
Computers	15	
Executive Desks	14	
Chairs, Visitor, "Red color"	5	
Work Table "large size" 7 foot long	1	
Work Tables 24 x 60	6	
Work Tables 36 x 72	3	
File Cabinets, 4 drawers, large size	2	
2 drawer file pedestrial cabinets	7	
4 drawer file cabinets "letter size"	11	
5 drawer file cabinets "letter size"	5	
2 door small file cabinets, letter size	2	
Executive desk "Large size" with extension	1	
Storage cabinets, Large size (5 levels)	2	
Executive desk "Lage size" with 2 side exten.	1	
Executive desks "standard size"	13	
Cameras "installed on Ceiling tiles"	15	
Cameras "installed exterior"	1	
Desk trays	4	
Book Shelves "metal" (4 levels)	13	
Book Shelves "Cherry" (wood), 4 levels	2	
Book Shelves, 3 levels	4	
Copy machine (Konica Minolta: BizHub 420)	1	
Copy machier (Konica Minilta: BizHub 600)	1	
Copy machine (Konica Minolta: BizHub 751)	1	On lease: 60% paid off
Portable A/C units LG	2	
Conference tables	2	
Leather Sofa, 6 ft. long	1	
HP Printers, HP 2055	2	
Trash Cans "Standard size"	12	
Power distributor Pole for multiple desks	1	
Car, 2005 Mercury	1	Owned
Ambulance, 2005 Ford E-350 Diesel	1	Owned
Ambulance, 2005 Ford E-350 Diesel	1	Owned